Student ID 80100 _____

Berryville School District Enrollment Form

GENERAL STUDENT INFORMATION

FIRST NAME:	MIDDLE NAME:	LAST NAME:

Birthdate:_____ Gender: (Check one) ☐ Female ☐ Male Grade: _____

Nickname:_____ SSN: _____ Hispanic/Latino Ethnicity: (Check one) ☐ Yes ☐ No

RACE Please answer the following in accordance with standards issued by the US Department of Education.

PRIMARY RACE (Please select only **ONE**).

☐ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment)

☐ **Asian** (A person having origins in any of the original peoples of Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

☐ **Black or African American** (A person having origins in any of the black racial groups of Africa)

☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

☐ **White** (A person having origins in any of the original peoples of Europe, Middle East or North Africa)

ADDITIONAL RACES (check all that apply):

☐ American Indian/Alaska Native ☐ Asian ☐ Black

☐ Native Hawaiian/Other Pacific Islander ☐ White

Language Spoken At Home:_____ Student Email Address:_____

Student Physical/911 Address

Address:_____

City:_____

State:_____ Zip Code:_____

Student Mailing Address

☐ Mailing Address is same as Physical/911 Address

Address:_____

City:_____

State:_____ Zip Code:_____

Student Home Phone:_____ Student Cell Phone:_____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian 1

Student Primarily Resides with this Guardian. ☐

Name:_____

Relationship to Student:_____

Language of Correspondence:_____

Mailing Address:_____

City:_____

State:_____ Zip Code:_____

Email:_____

Home Phone:_____ Cell Phone:_____

Work Phone:_____ *Alert Phone:_____

*Alert Phone is used by the district's automated phone message system.

Employer:_____

Parent/Guardian 2

Student Primarily Resides with this Guardian. ☐

Name:_____

Relationship to Student:_____

Language of Correspondence:_____

Mailing Address:_____

City:_____

State:_____ Zip Code:_____

Email:_____

Home Phone:_____ Cell Phone:_____

Work Phone:_____ *Alert Phone:_____

*Alert Phone is used by the district's automated phone message system.

Employer:_____

Entry Date:_____

GT: ☐ _____ 504: ☐ _____

Homeroom:_____ ESL: ☐ _____ SpEd: ☐ _____

Enrollment Form

ADDITIONAL STUDENT INFORMATION

TRAVEL INFORMATION

Travel To School (Please check one)

- ☐ Bus (Bus Number_____)
- ☐ Drives Self
- ☐ Parent/Guardian (includes walkers, child care vans, etc.)

Travel From School (Please check one)

- ☐ Bus (Bus Number_____)
- ☐ Drives Self
- ☐ Parent/Guardian (includes walkers, child care vans, etc.)

Distance From Home to School (Miles) One Way:_____

Pre-School Participation: (Check One)

- A - ARKANSAS BETTER CHANCE ☐
- E - EVEN START ☐
- EC - EARLY CHILDHOOD ☐
- H - HEADSTART ☐
- NA - NOT APPLICABLE ☐
- C - 21st CENTURY COMMUNITY LEARNING CENTER ☐
- O - OTHER ☐
- P - PRIVATE PRE-SCHOOL ☐
- PS - PUBLIC SCHOOL PRE-SCHOOL ☐

Is this child a dependent of an active or reserve member of a branch of the United States Armed Services? ☐ Yes ☐ No

If this child resides in a household with an active or reserve member of a branch of the United States Armed Services, please select the branch below.

- ☐ Active Duty – US Army
- ☐ Active Duty – US Air Force
- ☐ Active Duty – US Navy
- ☐ Active Duty – US Marines
- ☐ Active Duty – United States Coast Guard
- ☐ Reserves – US Army
- ☐ Reserves – US Air Force
- ☐ Reserves – US Navy
- ☐ Reserves – US Marines
- ☐ National Guard – US Army
- ☐ National Guard – US Air Force
- ☐ Parents serve in multiple branches

Is this student a twin (or a triplet, quadruplet, etc.)? ☐ Yes ☐ No

ADDITIONAL GUARDIAN INFORMATION to send Duplicate Records

Additional Guardian Contact

Name:_____ Email:_____

Relationship to Student:_____ Home Phone:_____ Cell Phone:_____

Language of Correspondence:_____ Work Phone:_____ *Alert Phone:_____

Mailing Address:_____ *Alert Phone is used by the district's automated phone message system.

City:_____ Employer:_____

State:_____ Zip Code:_____ ☐ Student Primarily Resides with this Guardian.

Emergency Information

Emergency Contact Information (Contacts Other Than Guardians to be Called in Case of an Emergency)

Contact Order	Name	Relationship to Child	Phone #	Phone Type (ex: Home, Cell, Work)
1				
2				
3				

Physician:_____ Hospital:_____

Physician Phone:_____ Hospital Phone:_____

Please list any medical concerns and/or medications for this child:_____

Siblings 1._____ 3._____ 5._____

2._____ 4._____ 6._____

Last School Attended:_____ Phone #:_____

Address:_____

Has this child been expelled from school in any other school district or is the child a party to an expulsion proceeding? ☐ Yes ☐ No

Please list the names of anyone who is NOT allowed to check out/pick up this child from school: _____

_____ _____ _____

I, the undersigned, do hereby certify that all information completed is true and correct. I understand presentation of false data may be punishable by law.

Signature: _____ Date: _____